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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. IBERTARIAN NATIONAL COMMITTEE, INC. 1444 Duke Street ADDRESS (number and street) (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@lp.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.lp.org (Check if address is changed) DATE 04 2016 C00255695 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hagan, Timothy, R.,, Type or Print Name of Treasurer Hagan, Timothy, R.,, [Electronically Filed] 07 28 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candi			
Cand Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	nmittee:	(Democratic
(d)	x	This committee is a NAT (National, State or subordinate) committee of the LIB	(Democratic, Republican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	vo or more political
('')	Ш	committees/organizations, none of which is an authorized committee of a federal candidate.	To of more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
LIBERTARIAN	NATIONAL COMMITTEE, INC.	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PAC Sponsor
NONE		
Mailing Address		
Walling Address		
		1.1.1
	CITY	STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising F	Representative Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and positio	n of the person in possession of committee
Hall, Oliver	, B., , Esq.	
Full Name	1835 16th St NW	
Mailing Address		
	Washington	DC 20009
Title or Position	CITY	STATE ZIP CODE
General Counsel	Telephone numb	per 202 - 280 - 0898
B. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the ossistant treasurer).	committee; and the name and address of
Full Name Hagan, Tim	oothy, R., ,	
Mailing Address	7086 Orange Grove Ln	
	Las Vegas	NV 89119-0363 -
Title or Position	CITY	STATE ZIP CODE
<u> </u>	Telephone numb	per

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Full Name of Designated Agent	Pepiton, Robeet	.,,,								ı				
Mailing Address	633	37 W. Harw	rell Road											
	La	veen		CITY					AZ 		85339			
Title or Position Assistant Treas	urer					Tele	phone			602		615		891
Banks or Other	Demositarios, Li	ct all bank	's or other		orioc in w					ite fuu	nds ho	lds ad	counts	rents
	oxes or maintains		.s or other	r aeposito	nies iii w	vhich tr	ie com	mittee	depos	its iui	ius, ric	ius u	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ronts
	oxes or maintains		S OF OTHER	r aeposito	nies III w	vhich tr	ie com	mittee	depos	its iui	ius, no	143 44	, oo an it	, rents
safety deposit be	oxes or maintains			r deposito	mies iii w	vhich tr	ne com	mittee	depos	its iui				, rents
safety deposit be Name of Bank,	Depository, etc.			deposito	JI I I I I	vhich tr	le com	mittee	depos					
safety deposit be	Depository, etc.	funds.	3 OF OTHER	deposito	JI I W	vhich tr	le com	mittee	depos					
safety deposit be Name of Bank,	PNC Bank	funds.		deposito	J. J	vhich tr	le com	mittee	VA		22314			
safety deposit be Name of Bank,	PNC Bank	funds. King St.		CITY	JI W	vhich tr	le com					-0000		
safety deposit be Name of Bank,	PNC Bank	funds. King St.			JI W	vhich tr	le com		VA			-0000		
safety deposit be Name of Bank, Mailing Address	PNC Bank	funds. King St. exandria		CITY		vhich tr	le com		VA			-0000		
safety deposit be Name of Bank, Mailing Address Name of Bank,	PNC Bank PNC Bank Ala Ala Depository, etc.	funds. King St. exandria		CITY		vhich tr	le com		VA			-0000		
safety deposit be Name of Bank, Mailing Address	PNC Bank PNC Bank Ala Depository, etc. PRO Bank Ala Ala Depository, etc. BB&T - Bra	King St.		CITY		vhich tr	le com		VA			-00000 ZIF	COD	